

**Medical Intercalated Degrees: Expression of Interest (EOI) form for internal candidates**

Complete and return to [medicine.intercalation@keele.ac.uk](mailto:medicine.intercalation@keele.ac.uk) by 31<sup>st</sup> October of the year PREVIOUS to your intercalation year

<b>Name</b>	<b>Keele Card No</b>
<b>Contact Telephone Number</b>	<b>Email address</b>
<b>Year of Intercalation</b> After Year 2 / After Year 4                      (delete as appropriate)	
<b>Degree to be taken and subject/s of interest</b>	
<b>University at which degree will be undertaken</b>	
<b>Have you been accepted onto the course? Yes/No   (delete as appropriate)</b>	
<b>If outcome above not yet known, please indicate approximate date of outcome</b>	
<b>Reason/s for intercalating (list all relevant)</b>	
<b>PRINT NAME</b>	<b>SIGNATURE</b>
<b>Date</b>	